

**Bureau of Fire Prevention  
Borough of Washington  
100 Belvidere Ave.  
Washington, NJ 07882  
(908)689-3600 x-123  
(908)689-9485 (FAX)**

## **APPLICATION FOR PERMIT**

### **LOCATION INFORMATION**

Permit #: \_\_\_\_\_

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

### **APPLICANT INFORMATION**

Applicant's Name: \_\_\_\_\_ Applicant's Home  
Street Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

☐ Permit requested for following date(s): \_\_\_\_\_

☐ Permit requested on annual basis – Expiration Date: \_\_\_\_\_

**NOTE: Attach additional signed sheet if space is insufficient**

The above named applicant hereby requests permission to conduct the following activity at the above location:

\_\_\_\_\_  
\_\_\_\_\_

And / or for the storage, occupancy, use, sale, handling or manufacturing of the following:

\_\_\_\_\_  
\_\_\_\_\_

State quantities and method for each category to be stored or used:

\_\_\_\_\_  
\_\_\_\_\_

**I hereby acknowledge that the information given is correct, and agree to comply with the applicable requirements of the fire code as well as any specific conditions imposed, and, if not, this permit may be revoked and I will be subject to penalties as provided by law.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Make check payable to "Borough of Washington Fire Prevention" and mail to  
Bureau of Fire Prevention, 100 Belvidere Ave. Washington, NJ 07882**

### **FOR OFFICIAL USE ONLY**

Permit type: \_\_\_\_\_ ☐ Conditions imposed ☐ Denied ☐ Approved pending payment of \$\_\_\_\_\_ Permit fee

Fire Official: \_\_\_\_\_